

DEMOGRAPHIC AND HEALTH SURVEYS
 HUMAN PAPILLOMAVIRUS (HPV) VACCINATION MODULE
 MODEL WOMAN'S QUESTIONNAIRE

[NAME OF COUNTRY]
 [NAME OF ORGANIZATION]

IDENTIFICATION (1)				
PLACE NAME				
NAME OF HOUSEHOLD HEAD				
CLUSTER NUMBER	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
HOUSEHOLD NUMBER	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
NAME AND LINE NUMBER OF WOMAN	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE	<input type="text"/>	<input type="text"/>	<input type="text"/>	DAY <input type="text"/> MONTH <input type="text"/> YEAR <input type="text"/> INT. NO. <input type="text"/> RESULT* <input type="text"/>
INTERVIEWER'S NAME	<input type="text"/>	<input type="text"/>	<input type="text"/>	
RESULT*	<input type="text"/>	<input type="text"/>	<input type="text"/>	
NEXT VISIT: DATE	<input type="text"/>	<input type="text"/>	<input type="text"/>	TOTAL NUMBER OF VISITS <input type="text"/>
TIME	<input type="text"/>	<input type="text"/>	<input type="text"/>	
*RESULT CODES: 1 COMPLETED 2 NOT AT HOME 3 POSTPONED 4 REFUSED 5 PARTLY COMPLETED 6 INCAPACITATED 7 OTHER _____ SPECIFY _____				
LANGUAGE OF QUESTIONNAIRE**	<input type="text"/> 0 <input type="text"/> 1	LANGUAGE OF INTERVIEW** <input type="text"/> <input type="text"/>	NATIVE LANGUAGE OF RESPONDENT** <input type="text"/> <input type="text"/>	TRANSLATOR USED (YES = 1, NO = 2) <input type="text"/>
LANGUAGE OF QUESTIONNAIRE**	ENGLISH		**LANGUAGE CODES: 01 ENGLISH 03 LANGUAGE 3 05 LANGUAGE 5 02 LANGUAGE 2 04 LANGUAGE 4 06 LANGUAGE 6	
TEAM <input type="text"/> <input type="text"/> NUMBER	TEAM SUPERVISOR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NAME NUMBER		CAPI SUPERVISOR (2) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NAME NUMBER	

(1) This section should be adapted for country-specific survey design.

(2) Remove the section for recording the name and ID number of the CAPI supervisor if the survey does not have CAPI supervisors who are separate from the team supervisors.

HPV VACCINATION MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
HPV01	CHECK 111: 15-17 YEARS OLD <input type="checkbox"/> 18-49 YEARS OLD <input type="checkbox"/>		NEXT SECT.
HPV02 (1)	<p>Now I would like to ask some questions about human papillomavirus or HPV vaccinations that you have received. An HPV vaccine is an injection given in the [left upper arm] to girls between the ages of [9-14] years, as a protection against cervical cancer. In [COUNTRY], the HPV vaccine is also commonly referred to as [Cervarix/Gardasil] and is commonly given [at school/at a medical facility].</p>		
HPV03 (1)	<p>Have you ever received a vaccination against HPV, that is, an injection in the [left upper arm] to protect against cervical cancer?</p> <p>IF NO OR DON'T KNOW: In [COUNTRY], the HPV vaccine is also referred to as [Cervarix/Gardasil] and is commonly given [at school/at a medical facility] to girls between the ages of [9-14].</p>	YES 1 NO 2 DON'T KNOW 8	NEXT SECT.
HPV04 (2)	Did you ever receive an HPV vaccination card?	YES 1 NO 2	
HPV05	Did you receive one or two doses of the HPV vaccine?	ONE DOSE 1 TWO DOSES 2 DON'T KNOW 8	
HPV06	<p>Where did you receive your most recent HPV vaccination?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO CLASSIFY THE SOURCE, RECORD '96' AND WRITE THE NAME OF THE PLACE.</p>	HEALTH FACILITY PUBLIC HEALTH FACILITY 11 PRIVATE HEALTH FACILITY 12 NGO HEALTH FACILITY 13 SCHOOL 21 OTHER _____ (SPECIFY) 96 DON'T KNOW 98	

(1) Adapt question locally after determining the most common injection site.

(2) Replace the word 'card' with the term used locally to refer to the official HPV vaccination record.